

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H07122

1. Entity Name

H & G INCOME PROPERTIES, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90287 001 ***300.00

Principal Place of Business

1860 NORTH CONGRESS AVE.
 WEST PALM BCH FL 33401

Mailing Address

1860 NORTH CONGRESS AVE.
 WEST PALM BCH FL 33401-1604

2. Principal Place of Business

4411 Beacon Circle

Suite, Apt. #, etc.

Suite 1B

City & State

West Palm Beach FL

Zip

33407

Country

USA

3. Mailing Address

4411 BEACON CIRCLE

Suite, Apt. #, etc.

Suite 1B

City & State

West Palm Beach FL

Zip

33407

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2416813

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRION, JACQUES
 1860 N. CONGRESS AVE.
 WEST PALM BEACH FL 33401

Name

Jacques Brion

Street Address (P.O. Box Number is Not Acceptable)

4411 Beacon Circle - Suite 1B

West Palm Beach

City

FL

Zip Code

33407

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
 NAME BRION, JACQUES
 STREET ADDRESS 1860 N. CONGRESS AVE.
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE PT ☒ Change ☐ Addition
 NAME Jacques Brion
 STREET ADDRESS 4411 BEACON CIRCLE - Suite 1B
 CITY-ST-ZIP West Palm Beach FL 33407

TITLE S ☐ Delete
 NAME BARACK, PETER
 STREET ADDRESS 333 WEST WACKER DR #2700
 CITY-ST-ZIP CHICAGO-IL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.24.00

Date

561.8429600

Daytime Phone #

CR2E034 (9/99)